

QIPs LOG FOR:

Naas General Hospital - HIQA Inspection June 2017	QIP's Status
Completed	11
Not yet due	0
On-going	19
	30

Updated:
29/08/2018

Section	HIQA Report Detail:	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status
2.1	Governance:					
	Business case had been submitted to the Dublin Midlands Hospital Group for the regularisation of an infection prevention and control nurse position.	Follow up and obtain approval to hire from the Dublin Midlands Hospital Group to hire. Currently with HBS Recruit for permanent recruitment.	Director Of Nursing	31/03/2018		Completed
	Clerical support for the Infection Prevention and Control Team was limited to three hours per week.	Increase the hours of clerical support allotted to the Infection Prevention and Control Team.	Infection Prevention & Control	31/03/2018		Completed
	The hospital should review the resources available to ensure the availability of an antimicrobial pharmacist with time dedicated to antimicrobial stewardship activities in line with National Standards.	Business case to be submitted for a full time antimicrobial pharmacist.	Hospital Manager	30/04/2018	16/04/2018	Completed
	Infection Prevention and Control Committee should include representation from major clinical specialities at the hospital.	Committee to review membership of committee to include clinical specialities at the hospital. Expand committee members. Consultant to attend future meetings	Infection Prevention & Control	31/05/2018	07/07/2018	Completed
	The hospital had participated in a national point prevalence survey of hospital acquired infections and antimicrobial use that was part of a European-wide study. Data from this study should be used to proactively identify areas for improvement at the hospital.	Data from national point prevalence survey of hospital acquired infections and antimicrobial use to be used to proactively identify areas for improvement at the hospital.	Infection Prevention & Control / Hospital Management	31/05/2018		Completed
2.2	Risk management:					
	Lack of isolation rooms and inadequate bed spacing at the hospital	Review the Development Control Plan for the short/medium/long-term requirements of the hospital incorporating the risks identified at audit. Propose options to the Dublin Midlands Hospital Group on options for additional isolation rooms and beds.	Hospital Management	31/10/2018	On-going	On-going
	Non compliance with decontamination standards	The Hospital have escalated risks in relation to Endoscopy Decontamination.	Hospital Management	31/12/2018	On-going	Completed
	Lack of clinical hand wash sinks that are in line with recommended guidelines	Seek funding from HSE Estates to proceed to Phase 2 of the hand wash sinks installation and upgrade.	General Services Manager / HSE Estates	30/10/2018	29/03/2018	On-going
2.3	Policies, procedures and guidelines:					

	The hospital did not have a policy for staff on aseptic non-touch technique or an overarching policy on transmission-based precautions.	Policies to be developed for: <input type="checkbox"/> Aseptic non-touch technique <input type="checkbox"/> An overarching policy on transmission-based precautions. <input type="checkbox"/> Guideline for the prevention of ventilator – associated pneumonia.	Infection Prevention & Control	31/10/2018	WIP	On-going
	The hospital did not have a policy in relation to the prevention of surgical site infection, this should be developed in line with best practice guidelines.	Develop a policy in relation to the prevention of surgical site infection, in line with best practice guidelines. (This point should be taken in conjunction with the requirement to perform Surgical Site Surveillance as per 2.5 below)	Infection Prevention & Control	31/12/2018		On-going
	A formal Legionella risk assessment had been performed at the hospital in 2015 and it was reported that this was planned to be repeated in 2017.	The hospital to repeat the formal Legionella risk assessment in 2017.	General Services Manager	31/12/2017	23/06/2017	Completed
2.4 Staff training and education:						
	It is recommended that mandatory staff training around infection prevention and control be aligned to national guidance for such knowledge and skills and expanded to include aseptic non-touch technique for clinical staff involved in direct patient care.	Review mandatory staff training in line with National Guidelines.	Infection Prevention & Control	31/10/2018		On-going
	Hospital management to ensure that all relevant staff avail of infection prevention and control training at recommended intervals.	Ensure that all staff avail of Infection Prevention and Control training at regular intervals.	Hospital Management	31/10/2018		On-going
2.5 Implementation of evidence-based and best practice:						
	Naas General Hospital did not perform surveillance of healthcare infections. <input type="checkbox"/> Surgical Site infection <input type="checkbox"/> Central venous access device-related infection, <input type="checkbox"/> Urinary catheter-associated urinary tract infection surgical site infection, <input type="checkbox"/> Ventilator-associated pneumonia	Implementation of surveillance of healthcare-associated infection surveillance programme to be reviewed and a plan put in place.	Infection Prevention & Control	31/12/2018		On-going
2.6 Systems to prevent and manage healthcare-associated infections and multi drug resistant organisms:						
	Patients with transmissible organisms should be isolated in line with national guidelines.	Maintain best clinical use of isolation rooms for patients with transmissible organisms. Seek additional single rooms in future capital developments.	Infection Prevention & Control / Hospital Management	31/10/2018		On-going
	HIQA was informed that there were no isolation facilities in the Emergency Department, which does not facilitate effective containment of transmissible infection.	Manage the risk for isolation rooms through daily Bed Management meetings and Infection Prevention & Control input to the Emergency Department. Additional isolation facilities to be included in the Development Control Plan.	Infection Prevention & Control / Hospital Management	29/12/2018	On-going	On-going
2.6.1 Preventing the spread of antimicrobial resistant organisms:						

	There were insufficient facilities for storage of medical equipment and supplies in the Intensive Care Unit. Clean supplies were stored in the dirty utility room.	On-going review of storage in clinical areas.	ICU / Nursing Management	31/10/2018	On-going	On-going
	Doors in the patient care area of the Intensive Care Unit were open during the inspection. These doors should be kept closed in as far as possible to facilitate effective operation of the air-conditioning and air changing system in the unit.	On-going monitoring by unit management to ensure that doors remain closed in as far as possible.	ICU / Nursing Management	31/12/2017		On-going
	The design of some clinical hand wash sinks in the Intensive Care Unit did not conform to Health Building Note 00-10 Part C: Sanitary Assemblies.	Seek funding from HSE Estates to proceed to Phase 2 of the hand wash sinks upgrade.	General Services Manager / HSE Estates	30/10/2018	29/03/2018	On-going
	Inspectors observed on wards that doors to isolation rooms were open.	On-going monitoring by unit management to ensure that doors remain closed in as far as possible.	Infection Prevention & Control / Nursing Management	31/12/2017		On-going
	Daily and weekly patient equipment cleaning checklists on the ward were not consistently completed, and showed that compliance with desirable standards were not consistently greater than 85%.	Review the management and auditing of check sheets and provide specific training and education on the importance of cleaning and disinfection to all staff involved in cleaning patient equipment. Develop and implement a plan to increase patient equipment audit scores.	Infection Prevention & Control	30/10/2018		On-going
	One patient accommodated in an isolation room for infection control reasons did not have dedicated patient equipment and this was attributed to an insufficient amount of equipment being available on the ward.	Install patient specific monitoring equipment in all single rooms.	Clinical Engineering / Hospital Management	01/02/2018		Completed
	Clean supplies were inappropriately stored in the 'dirty' utility room in a ward. This practice is not recommended.	On-going review of storage in clinical areas.	Nursing	30/10/2018	On-going	On-going
	The medical ward did not have a dedicated room for the storage and management of cleaning equipment and cleaning supplies were stored in an adjacent ward.	Review the storage of cleaning equipment and supplies on the ward, including a dedicated cleaners room.	General Services Manager / HSE Estates	31/10/2018		On-going
2.6.2 Safe injection practice:						
	There was storage of sterile supplies in close proximity to a clinical hand wash sink. This poses a risk of splash contamination with water and should be reviewed.	Review storage and the risk of splash contamination with water.	Director of Nursing / General Services Manager	30/04/2018	30/04/2018	Completed
	The designated medication preparation area was found to be cluttered in the medical ward. Medication administration trays should not be left in clinical hand wash sinks.	A separate workspace for medication preparation to be provided and free of stored supplies. Trialling a designated red area for preparation of medications	Nursing	31/10/2018	Trial On-going completion date sep 18	On-going

	A blood analyser in the Intensive Care Unit was located in a clean utility room. A second machine, which was not in use, was located in a clean storeroom. It is recommended that blood analysers are located in an appropriate location away from sterile and clean medical supplies to avoid the risk of contamination with blood	Review location of blood analyser in ICU, away from sterile and clean medical supplies to avoid the risk of contamination with blood.	Director of Nursing / General Services Manager	31/08/2018	30/07/2018	Completed
2.6.3	Hand Hygiene					
	Hospital achieved 88% in national hand hygiene audit, below the target of 90%. Hand hygiene compliance in the Intensive Care Unit was 80% in May 2017.	Develop and implement a plan for targeted education and training on hand hygiene hospital wide and re-audit. October 2017 results for compliance with WHO five moments of hand hygiene was 94.8%.	Infection Prevention & Control	30/11/2017		Completed
2.6.3	Outbreak management:					
	Outbreak reports reviewed by inspectors included recommendations for each outbreak, they did not identify potentially preventable predisposing factors that may prevent further recurrence of out breaks in line with national policy.	Review and update outbreak reports to include the identification of potentially preventable predisposing factors. Outbreak reports to identify outbreak control learning point, which should be provided to staff to identify areas of improvement.	Infection Prevention & Control	31/10/2018		On-going
3.0	Conclusion					
	Hospital management should expand their oversight of healthcare-associated infection process and outcome measures to facilitate wider evaluation of the impact of infection prevention and control measures.	Expand oversight of healthcare-associated infection process and outcome measures/additional key performance indicators to facilitate wider evaluation of the impact of infection prevention and control measures.	Hospital Management	31/10/2018	In Draft Awaiting consultant sign off	On-going